FOR

STATE OF MARYLAND

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	BURIAL, CREMA	TION, REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION					
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G	.Dougl	as Stau	ffer	Frederi	ck,	Md.		en n v J	שטע -	1.2200A	Shir		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital ar attending physician

O HOSPITAL

physician and campletely filled in by the funeral inpapers. Pages 1 and 2 shauld be filed within 72 h

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or Nem 18 sho	MEDICAL CER	218. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 214. INJURY OCCURRED	E OF DEATH AMINER) P.M.  21e PLACE OF	MONTH DA	Y YEAR 19 21f LC	OW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18.	PART 1 OR PART 2)	STATE
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5	23s. B	URIAL, CREMATION, REM SPECIFY) Burial		1982 <b>Li</b>		Y OR CREMATORY	234 LOCATION CITY OF LOWN TIN 1 O	nville	COUNTY Ma	ryland

Libertytown, Md.

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DHMH-16 20M (VRA 15, 4) 7/78

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## STATE OF MARYLAND

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,	5 DATE OF BIRTH	6 AGE (IN YEARS LAST E	BIRTHDAY)	IF UNDER	TYEAR	IF UNDER	24 HR5
	Oct. 24, 1912	69	YRS.	MONTHS.	DAYS	HOURS	MIN.
NTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

Edna

Female White . BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COU Maryland USA 10. CITY OR TOWN OF DEATH Frederick

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY

Frederick

MIDDLE

Edward

RACE

DORIS

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Maryland

14 FATHER'S NAME

Charles

3 SEX

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13c. CITY OR TOWN

Barger

Brunswick

12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Teacher Elm. Educati 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 517 Brunswick Street

Butz

t 6

Frederick County

No ±	220-01-6732	S. George	Bennett	Brunswic	swick Streek, Md. 2171
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YES T

NO

15 MOTHER'S MAIDEN NAME

FIRST

Laura

TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO F 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART TORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify th attended the deceased fram and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated id nat) view the body after death 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING , MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

(SPECIFY)
Burial

23c NAME OF CEMETERY OR CREMATORY Mark's Cemetery

23d LOCATION CITY OR TOWN

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24 FUNERAL DIRECTOR Readnswick,

Md.

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN March 22, (TYPE OR PRINT) ESTI-Travis BIRKS Shane DEATH MATED 1932 AM 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 8 195 LAST BIRTHDAY PRONOUNCED Oct. 13,1974 Male White DEAD March 22, 1982 A M 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K FOREIGN COUNTRY) Pennsylvania USA Frederick County WIDOWED DIVORCED 2, AND 3 TO THE FUI 3. RETAIN PAGE 5 I 2 SHOULD BE FILED, V D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Frederick Frederick Memorial Hospital N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick 107 Burck Street Frederick YES X NO [ MIAL 18. GIVE PAGES 1, 2, WITH FORM PM 3. MIT, PAGES 1 AND 2 S. DIVISION OF VILLAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Thomas Birks Bernard Shirley Loraine Eyler 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) Shirley L. Engelbrecht 107 Burck St. NO Frederick, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (o. OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR YES NO V 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY DOR. HOUR A.M. MONTH UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P AT WORK NOT WHILE 220. I certify that I took charge of the remains described above, held of Autopsy Inspection and in my apinion death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Robert J. Thomas. MD ADDRESS 812 Toll House Ave. Frederick. Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3-24-1982 Burial Mount Olivet Cemetery Frederick, Frederick, Maryland BP 24 FUNERAL DIRECTOR Smith, Keeney & Basford Buneral Home L. Valin 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR DHMH-17 (VR A15 ME (5)) 106 East Church Street Frederick, Md. 21701 15AA 2/80

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I DECEASED NAME MIDDLE 28 DATE OF DEATH MONTH 2b HOUR LIYPE OR PRINTS CHARLES LESLIE BLENTL INGER March 16, 1982 1:00 P. 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Male Caucasian September 29,1895 86 To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Frederick II CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Frederick Frederick Memorial Hospital Teacher/Ret SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

136. COUNTY

137. CITY OR TOWN 13n STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick Frederick 6822 Blentlinger Road YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles C Blentlinger Klein Rosa Elizabeth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 6822 Blentlinger Road (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-8153 Mrs Nellie E Carlin Frederick, Maryland WW I Yes APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY 7-304 A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR S. INDITION GIVEN IN PART TO CERTIFICATION melwa 196 CONDITION FOR WHICH OPERADON WAS PERFORMED 20n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES T 21g ACCIDENT WAS UNDERLYING 21h TIME OF INJURY ? It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above. (1) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS (TYPE OR PRINT) Rex Martin, MD 220 N Market St. Frederick, Maryland 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 3/19/82 Burial Frederick, Frederick, Md Mt Olivet Cemetery 1201 N. Market Street

DHMH - 16 50M 1/81 (VRA 15, 4)

Fureral Homes. P. A.

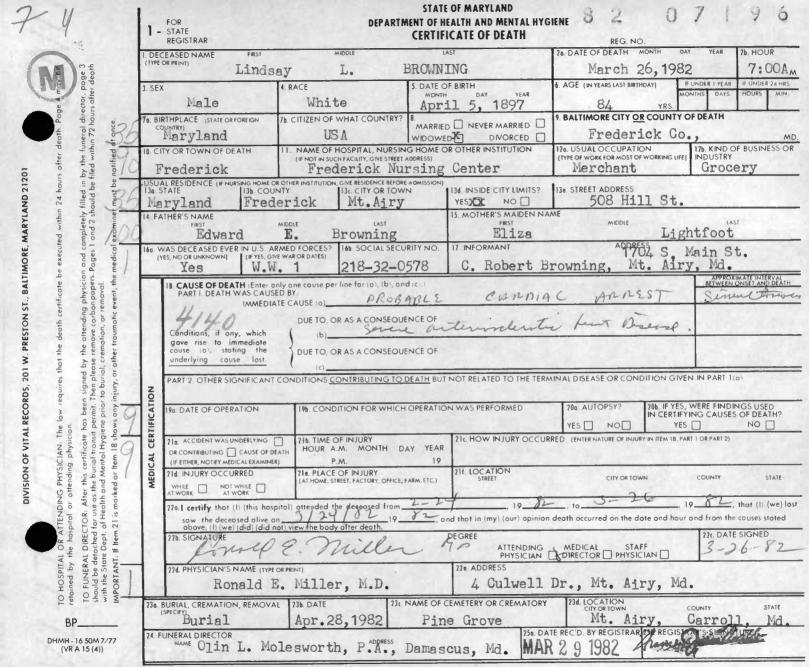
Frederick, Maryland 21701

250 DATE REC D. BY REGISTRAN 250 HEGISTRAN SIGNATURE name.

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7	6/		FOR STATE			DEPARTMEN	T OF HEALT	H AND MENTAL	HYGIENE	0 /	1 7 3
9	1		REGISTRAR		M	EDICAL EXA	MINER'S	CERTIFICATE	OF DEATH RE	G. NO.	
1	1		EASED NAM	E FIRST		WIDDIE		LAST	20. DATE KNOV	VN MONTH	DAY YEAR 26 HOUR
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	#2h		TY OR TOWN	1		OSPITAL, NURSING			120. USUAL OCCUPATIO		126 KIND OF BUSINESS
	CERES U				(IF NOT IN SUCH	HEACILITY, GIVE STREET A	DDRESS)	Hospital			OR INDUSTRY
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	20408	USUA	LRESIDENCE	(IF IN NURSING HOME OF		GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS	113 STREET ADDRESS		
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64	W COM TO		THER'S NAM		8-111		8			<u> </u>	
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AO		16e. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM	VAR OR DATES)	166. SOCIAL S					1 1/1
ALTIMORE	URS AFTER	n	O OR UNKNO			213-5	6-2028	9926 J	ulliard Dr.	, Beth	esda, Md.
8	WIT WIT		18. CAUSE C	F DEATH (Enter ani	y ane cause per	line far (o), (b), and	(c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	E A S E			EATH WAS CAUSED	BY:	CAKBON	7	de 51.	FROCATION		BETWEEN ONSET AND DEATH
Z	24 LON LON SER		95	2 / IMMEDIAT		OR AS A CONSEQU		, , , , , , , , , , , , , , , , , , ,	1 1004710711		
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1	T & O O &	F									YES NO X
J.	CATE SHE WORN THE COULD BE TAKENT OF BURIA	E		AL CAUSE WAS		OF INJURY A.M. MONTH DAY		IOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAI	RT 2)
Z		¥	UNDERLYING	G ☐ CAUSE OF D		P.M.	19	No i	njury		
DIVISION OF VITAL	CERTIFICATE S ITING THE WO IDED TO THE E 3 SHOULD BE E DEPART/AENT PRIOR TO BURI	MEDICAL	21d. INJURY		21e PLAC	CE OF INJURY (AT		CATION			
> <		X	WHILE	NOT WHILE		in jury	26	STREET	CITY OR TOWN	COL	JNTY STATE
de la constante	R: THIS DRWAR SPAGE STATE 21201		AI WORK	AT WORK	NO	Injury					
			22a. I cert	ify that I took charge	e of the remains	described abave, he			tian 🔀. Inquiry 🔀,	and in my ap	inian
TELET	EXAMINER CERTIFICATION BE FO DIRECTOR: WITH THE ARYLAND.		death resul	ted fram: Noture	al couses :	Accident .	Suicide 2	, Hamicide	Undetermined monner		
	REG B B					- 20	,	TITLE (SPECIFY)			
	MAN WAN		ACTUAL	(X11.7	RA	Alkerta		Deputy		DATE	3-16-82
			SIGNATURE	House		2 21-0-1	15 Wes	t 7th Sto	O T O T T T T T T T T T T T T T T T T T	SIGNE	0
	MEDICAL ECUTE THI SE 4 SHO FUNERA ITMORE.		EXAMINER'S	NAME Robe	ert R. I	R. Rober	ts M.		<del>እ.አ.አ.አ.አ.አ.አ.አ.አ.አ.አ.አ.አ.አ.አ</del> .	XXXXXX	
	TO ME EXECU PAGE TO FU AFTER BALTER	1	(TYPE OR PR	INT)				ADDRESS		Id. 217	01
	PAG TO AFT	23o.B	URIAL, CREMA	TION, REMOVAL 2				OR CREMATORY	23d. LOCATION CITY OR TOWN	cour	NTY STATE
7000	CRP	,	BURIA	L _ 1	8, 198	2 Gat	e of H	eayen Ce	m. Silver S	pring,	Maryland
3800	DHMH - 17	24. F	UNERAL DIRE			Pumphre	y Fune	ral   250. DA	TE REC'D. BY REGISTRAR 25	REGISTRA	GNAPH The
	(VR A15 ME (5))		NAME HO	mes, P.A	. Bet	hesda.	Maryla	nd N	AR 19 1982 E	serces	and when
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1 - STATE ISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

IF UNDER 1 YEAR DAYS

1	REGISTRAR
	I. DECEASED NAME
	3. SEX

Ruth

S.

U.S.A.

LAST BUSSARD 5. DATE OF BIRTH

WIDOWED

2n DATE OF DEATH March 16.

6 AGE (IN YEARS LAST BIRTHDAY)

91

1982

2b HOUR 2 P.M.

-		
3. 5	SEX	
	Fema	le
70	BIRTHPLACE	I STATE OR FOREIGN

COUNTRY

4 RACE Whi te

October 26, 1890 76 CITIZEN OF WHAT COUNTRY

MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

Frederick County. 126 KIND OF BUSINESS OR PEOF WORK FOR MOST OF WORKING LIFE

10 CITY OR TOWN OF DEATH Frederick

Maryland

Maryland

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Nursing Center ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 36 COUNTY

Frederick

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Mary

DIVORCED |

13e. STREET ADDRESS 400 North Avenue Ella

ELY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4. FATHER'S NAME

William

In WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

frederick

None

166 SOCIAL SECURITY NO 218-50-4076

17 INFORMANT Amos A. Holter.

22 West Second Street Frederick, Md. 21701

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which

Simmons

gove rise to immediate couse (o), stating the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

210 ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

CITY OR TOWN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

COUNTY

above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

27 . ADDRESS

DEGREE

211 LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

22c. DATE SIGNED

Dr. Rex R. Martin, M.D.

220 North Market St., Frederick, Md. 21701 23c NAME OF CEMETERY OR CREMATORY

ATTENDING

23d. LOCATION Frederick, Frederick, Md.

Smith, Keeney and Basford Funeral Home 106 East Church St., Frederick, Md. 21701 D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81

(VRA 15, 4)

should be d
with the Sta

pe 00 0

21d INJURY OCCURRED

NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from,

Burial

sow the deceased alive on.

22d. PHYSICIAN'S NAME ITYPE OF PRINTS

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Mar 19, 1982 Mt., Olivet Cemetery

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LA	1	FOR			DEDART	STAT	E OF M	ARYLAN	ID			n 7		Q
	1-	STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH									· ·	
		CEASED NAME	FIRST		MIDDLE			AST	CATE OF		REG.		DAY YEAR	2b. HOUR
32 5. 5. 5. E.	(TY	PE OR PRINT)	Barke	n la	lilso			Di	. T.	Of	ESTI- TH MATED	5 3	22 0	1
FIEE	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UNE		IF UNDER 24	4 HRS 2c. D	ATE	нтиом	DAY YEA	610g
MY PEASE LINECTOR. OUR FILES.	Service .	le	Negro	3 7	32	50 YR	MONTH	DAYS	HOURS		DUNCED AD	3	23,8	7
Z Sesie		RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUN	ITRY?	8. MARRIE	D NEV	VER MARRIED	9 BALT	IMORE CIT	Y OR COUN	TY OF DEATH	
A 20.08	10.0	Maryla	ind		ISA		WIDOWE	D 🗆	DIVORCED		rede			MD.
A STATE OF THE STA		rederi		11. NAME OF HOS LIFNOT IN SUCH FA	CILITY, GIVES	RSING HOME, TREET ADDRESS) Memor:		Hosp:		Lab Te	CUPATION ( WORKING LIFE)		12b KIND OF I OR INDUS	TRY
P See See	USU.		IF IN NURSING HOME OF	R OTHER INSTITUTION GI	VE RESIDENCE	BEFORE ADMISSIO	N)						-	
21201 F ANY AND RETA HOULE		arylar	d Fred	erick	Fr	ederi	ck	YES 🔀	NO [	45 Ea	st F:	ifth	Street	
MD. MD. M. 3. V. 3	14 F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN		MIDDLE		LAST	
DEATH.		Barker	W	lisson	D	ixon	Sr.	Ma	able		Hall		White	
BALTIMORE, ME SS, AFIER DEATH, GIVE PAGES 1, VITH FORM PM PAGES 1 AND 2 DIVISION OF WEATH	16a. \	ES, NO, OR UNKNO	FVFR IN US ARA	AED FORCES?	16b. SOC	IAL SECURITY		17. INFORM					ifth S	
ST., BALI DURS AF 18. GIVE 5. WITH 1 AIT. PAG E, DIVISIG		No		-	1218	-24-98	384 (	Const	tance	Dixor	Fre	ederi	ck, Md	
ST., NOUR G W MIT.		PART I DE	DEATH (Enter only	y one couse per live BY:	for (a), (b)	, ond (c).)	2/1	10/	(1)	r. H.	0 1	1	RETWEEN ON	TE BYTERVAL ET AND DEATH
TON LITER FER GIEN VAL		1119	IMMEDIATI	E CAUSE (a)	AS A CON	ISEQUENCE O	( Note	WY	76 6	MARY	ouse	N/C	1/19	m
PRESTON THIN 24 H TIL IN ITEM ALER ALON ALER ALON AL HYGIEN REMOVAL	1	Condition	s, if ony, which		AS A COL	SE GIOEINCE O								
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ZOI UTEE IN P EXA SIAL ON,		lying cau	se last.	(c)										
BIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING". R. 3 SHOULD BE USED AS A BUR E. DEPARTMENT OF HEALTH ANN OI PRIOR TO BURRAL, CREMATIN	z	PART 2 OTNER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	IAL DISEASE O	OR CONDITION	GIVEN IN PART	1 10				
IL CHE	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR	WHICH OPERA	TION WA	S PERFORA	MED?				20 AUTOPS	V2
F VITAN TE SHOWNORD WORD SE CHIE ENT OF SERVING SERVIN	F												YES 🗆	NO K
CATE S HE WC THE COLUMN THE COLUM		210. EXTERNA	OR	216 TIME OF HOUR A.M	INJURY MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRED	ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PA		140 12
RTIFI SHOP RIOR	MEDICAL	CONTRIBUTING	G CAUSE OF D	EATH P.M.		19	211. LOC	ATION						
13484E	ME	WHILE AT WORK		STREET, FACT	ORY, FARM, E	(C.)		REET		CATY OR	TOWN	co	UNTY	STATE
ATE, ORV		22a   certif	y that I took charge	of the remains des	cribed abo	ve, held an	Autopsy		Inspection	, Inqui	ry 🔲.	and in my or	omion	
MINN BE F		death resulte	d from Natura	al couses .	Acoldent	, Suic	ide .	Hamici	de .	Undetermined		],		
WAR WAR		ACTUAL	1/ste	x 1	611	mal		TITLE (SP					3/-	2/
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2	23e.B	IRIAL CREMAT	ION, REMOVAL 23			IAME OF CEM		CREMATO	RY T	13d. LOCATION CITY OR TOWN		IU - 21		
BP	13	PECIFY}	rial	3/26/82		sthave			al G	ar. Fr	ederi	ck.	Freder	i oleMd
DHMH - 17	-	NERAL DIRECT		ADDRESS	Pout	0.10	Box			DABY REGIST	RAR 75b. RE	O'ISTRAR'S	GNATURE	n-
(VR A15 ME (5) ) 15M 2/80	G	.Dougl	as Stau	ffer F	rede	rick,	Md.		7777 36	. O T 12	04	name	13 mark mark	

24 a011 | North trains c in sea Topography It one to me to come to holomes harly to salifi (In) side .ve next next) little Li -El-2 Di constance dizon de C-43- 23

 - STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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The state of the s

ittending physicion and campletely filled in by the funeral we carbon papers. Pages 1 and 2 should be filed within 72 h

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injury, or other traumotic

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

morked or Item 18 shows any

MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL

23b. DATE

6,

Smith Fadeley, Keeney, Basford Funeral Home 106 East Church St., Frederick, Md. 21701

1982

TO FUNERAL DIRECTOR: After this certificate hos been

retoined by the hospital or

BP.

signed by the attending physicion

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

Can	U	1	Cas .	1.1	

	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	).							
	DECEASED NAME	FIRST	M	IDDLE	t	AST	11000	20 DATE OF	DEATH	MONTH	DAY	YE AR	2h HOU	JR			
	(TYPE OR PRINT)	1mer	Fra	EICHOLTZ			March 3, 1982										
3	3. SEX	4	RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRT	HDAYI	IF UNDER		IF UNDER				
	Male		White	March 11, 1912			69		YRS	MONTHS	DAYS	DAYS HOURS MIN.					
- 1	OUNTRY)	REIGN 76		VHAT COUNTRY?	8.1. AAADDIE	NEVED !	MARRIED .	9. BALTIMOR	E CITY O	R COUNT	Y OF DE	ATH					
	Maryland			J.S.A.	WIDOWE		NORCED	Fre	deri	ck Co	unty	,		MD.			
I	O CITY OR TOWN OF DEAT	'Н 11		OSPITAL, NURSIN		R OTHER INS							126. KIND OF BUSINESS OR				
	Frederick		Frederick Memorial Hospital Supervisor Transit									Cor	mpan				
-	USUAL RESIDENCE (IF NURSIN	G HOME OR OTH		THE RESIDENCE BEFORE		12d INSIDE	CITY LIMITS?	13e STREET A	DDBESS	1000							
		Freder		Frederic		YESX		Brook 1		part	ment	s #	413				
T	4 FATHER'S NAME	MID	DIE	LAST		15. MOTHER	S MAIDEN NAM	۸E	WIDDLE								
	Anderso			Eicholtz		]	Betty	Flor	ence		Stri						
1	60 WAS DECEASED EVER IN			166 SOCIAL SECUI	RITY NO.	17 INFORM		WILL W	ADDRE	Brook	1awn	Ant	ts #	413			
L	No	None None	AR OR DATES)	577-03-6	5375	Mrs. I	Edna R.	Eichol	tz,	Fred	eric	k. N	id .	2170			
F	18 CAUSE OF DEATH	(Enter only o	one couse per l	ine for (a), (b), and	Heli		. /	14					MATE INTER	DEATH			
	PART I. DEATH WA	MMEDIATE (		Proba	.6le	arry	Ulmean	,			1	ham b	m. C A	1:4			
1	4149		DUE TO, OR AS A CONSEQUENCE OF														
Ŧ	Conditions, if any,		(b)	Corena	ry a	rten	disease yrs										
1	gove rise to imme	ediote the	DUE TO, OR	AS A CONSEQUE	NCE OF	,)											
F	underlying couse	lost	(c)														
ı	PART 2 OTHER SIGNI	FICANT COM	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERMIN	NAL DISEASE	OR CONE	ITION GIV	EN IN P.	ART 110	l.				
	<u> </u>	Dial	etes		45		100-4										
	M DATE OF OPERATI	ON	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFO	DRMED	20e AUTO	SY?	20b. IF YE	S, WERE	FINDIN	GS USE	D TH?			
	190 DATE OF OPERATION ACCIDENT WAS UNDE							YES 🗌	NOM		S 🔲	.0020	NO [	_			
	00 500 170 100 100 100 100 100		21b. TIME OF HOUR A.M	INJURY A. MONTH DA	Y YEAR	21c HOW II	NJURY OCCURRE	ED (ENTERNATI	JRE OF INJUR	Y IN ITEM IS	PART 1 OR P	ART 2)		- 47			
	(IF EITHER NOTIFY MEDICA		P.A	۸.	19												
Т	(IF EITHER NOTIFY MEDICA	D	21e. PLACE C	F INJURY ET, FACTORY, OFFICE, FA	IRM FTC 1	211 LOCATI			CITY OR TO	VN	cou	NTY	5	TATE			
Н	AT WORK AT WORK					F											
	220.1 certify that (1) (1		ottended the		-	8	_, 19_77	, to		3	195	<u> </u>	hot (I) (v	we) lost			
1	saw the deceased obove, (I) (we) (die	d) (flid not) v	iew the body o	ofter death.	on	d that in (my	) (our) opinion di	eoth occurred	on the do	te and hav	ir and fro	om the c	ouses sto	oted			
1	22b. SIGNATURE	11	110	0111	/	DEGREE					220.	DATES	IGNED				
	6	less	lex	Elect	k		PHYSICIAN X	DIRECTOR	PHYSIC	IAN 🗌	3	15	-/7	5			
	22d. PHYSICIAN'S NAM					22e ADDRES			1				0.4=	-			
	Dr. Char	les R.	Clark	, M.D.		4 We	st Seven	ith St.	, Fr	ederi	ck,	Md.	217	01			

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d LOCATION

Frederick, Frederick, Md. STATE

REGISTRARIES REGISTRAL SELECTION OF THE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Long Franklin Effects : n caroling the SIDE LEWIS THE COLUMN SAFER in in the second - Drederick Jointy Protection Traderior telepolital Supervisor Standard Standard First and desired free rick of the first contract of the first con anderson than itchaits tetty lorence string None S77-08-6375 Ers. Whire, Escholtz, Groderick, d. 81700 

M		1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 2 0 7 2 0 1
9 61			CEASED NAME FIRST RUTH	MIDDLE TOTAL	LAST	TO DATE OF DEATH MONTH DAY YEAR TO HOUR
ay b		2.00		EVELYN	EVERHART  Is date of Birth	March 19, 1982 AM
ge 4 m	Ce a	3 SE	Female	White	Sept. 16, 1890	MONTHS DAYS HOURS MIN
deeth. Pag	35		RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	75 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
by the fu	80		iddletown		IG HOME OR OTHER INSTITUTION	176 USUAL OCCUPATION 1749E OF WORK FOR MOST OF WORKING LIFE) 175 KIND OF BUSINESS OR 1NDUSTRY 0WN HOME
hin 24 ho	35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE Md. 136 COU.	ed. Middlet	ADMISSION) 134. IN SIDE CITY LIMITS? YES A NO	13. SIREFLADDRESS 117 Prospect St.
cuted wit	100	C		WARD PFEIFE		USAN SYVILLA MAGAHA
te be exe	t, the m	16a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) NO	E WAR OR DATES	(600) Roy Everh	
certifica g physic	removal		ure West 3 mb			
by the attendir	il, cremation, or other traum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE		e Eldinan 12yrs
w require en signed Then plea	r to burië ny injury	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
N: The lar.	3 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED THE CERTIFYING CAUSES OF DEATH?  YES NO NO NO
YSICIAL ohysician s certifica al-transit	r Item 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DING PH Itending After this	th and M	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (At HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENCITAL or at	of Heal			ital) attended the deceased from 19 000 19 0	and that in (my) (our) opinion	de, to 1957, that (I) (we) lost death occurred on the date and hour and from the couses stated
TALOR y the host RALDIR	NT: If It		2h Signature	Brile		MEDICAL STAFF DIRECTOR   PHYSICIAN   32/82
O HOSP	with the St		Dr. A. Talk	oott Brice		ferson, Md. 21755
BP	. s =	(	Burial, Cremation, Removal Burial	Mar. 22, 1982 1		Middletown Fred. Md.
DHMH.	16 25M		UNERAL DIRECTOR	ADDRESS -	21769 25e DA	ATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

(VRA 15, 4) 1/79

Thompson Funeral Home Middletown, Md.

All the demograt 750 per our sporter like to the form The state of the s FREE . I . The same 

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE G	REG. NO	). D.	1		U	La
	ECEASED NAME FIRST	A	AIDDLE		LAST	20. DATE	OF DEATH	MONTH	DAY YEAR	R 2b	HOUR	
		Irvin Ew	ing		KER DE L	Ma	rch 15	198	2	00	5:0	MOC
1,58		4 RACE		5 DATE		6. AGE III	YEARS LAST BIR	THDAY)	IF UNDER 1 YE	4 HRS MIN.		
	Male	Whit		Marc	5h 11°, 1920	62		YRS			JURS	per jirdi.
Y	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED DIVORCED D	1	ore city o	_	OF DEATH	OF DEATH MI		
10. 0	Frederick	Fred. M	HOSPITAL, NURSIN H FACILITY, GIVE STREET MOTIAL H	OSPI	OR OTHER INSTITUTION		L OCCUPATI ORK FOR MOST O		17b KIN INDUST		USINES	SOR
13a	JAL RESIDENCE LIF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION NTY ederick	GIVE RESIDENCE BEFORE  13c. FITY OF TOWN  Frederi		138 INSIDE CITY LIMITS?	13e. STREE	LADDRESS Lee	Blace				
14. F.	ATHER'S NAME Harry Ewing	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME Ethel E		t MIDDLE			LAST		
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES?	214-10-1		17 INFORMANT	5.8	ADDRE	SS				
NO	Conditions, it ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	b)   DUE TO, OF  (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NAŁ DISEA	ISE OR CON	DITION GIV		11(0)	0	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?  200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES						
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	ATH HOUR A./ R) P./ 21e PLACE C	M. MONTH DA M. DFINJURY	19	211 LOCATION	nature of injul	RE OF INJURY IN ITEM 18 PART I OR PART ?)					
×	AT WORK NOT WHILE		EET FACTORY, OFFICE FA		STREET		CITY OR TO		COUNTY		STA	
	220.1 certify that (I) (this hasp sow the deceased give of above (I) we) (did) did no	and I .			nd that (cm) (our) apinion of		red on the do	ote and hou	19_8# r ond from	the cous	O (we	e) lost ed
	27b. SIGNATURE	Zu			DEGREE ATTENDING PHYSICIAN	MEDICA: DIRECTO			3/	ATE SIG	NED	3
	P. G. Raus	sch			22e ADDRESS							
	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		17, 82 <sup>23</sup> c N	IAME OF	EMETERY OR CREMATORY	238,100	L OR TOWN		COUNTY		STA	ATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR 1 DECEASED NAME TYPE OR PRINTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH AGE LINEYFARS LAST RIPTHOAYS IF LINDER I VE AR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick County, 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Honemaker INDUSTRY 800 Motter Avenue, City 13d INSIDE CITY LIMITS? Vernie Grams Mrs. Dorthea L. Greenfield, 805 CARDIOPULMONARY ARREST SEIZURE DISURDEN DUE TO, OR AS A CONSEQUENCE OF MULTIPLE CEREBIONASCULAR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? YES [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY copinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 731 NAME OF CEMETERY OR CREMATORY CITY OR TOWN Frederick Frederick Md. March15.1982 Mt.Olivet Cem. Basford Funeral Church St., Frederick, Md. 21701

POPI, i surnell a public Camios distantes Hard realists of Lettered Later of Scheburg The E Mois Dot Moissbort backers dio , somet didio 003 olimev vi ab - - - 210-21-915 LE . OF these L. Proentield, The state of the s Sor ranoli August 170 . 324 yanga dalah

CC STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

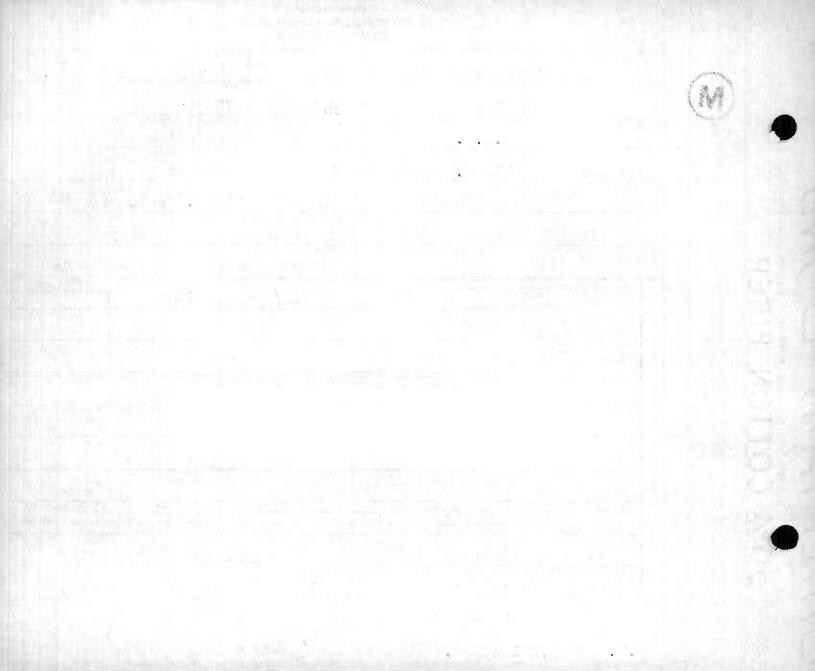
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## STATE OF MARYLAND DEDAD

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CF	PTI	FIC	ATE	OF	DEATH		

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1-	STATE REGISTRAR			DEFARIME	CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME OR PRINT)	Viole		I.		AST AYS	March 9,	_	2	2b HOUR
3 SE	Female		RACE W <b>hi</b> t	0	NOV		6. AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Ta. Bi	Marylan		U.S.	A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Prederi	_		MD
	Trederic	k I	1421 7	aney Ave	enue	, Apt.210	12d USUAL OCCUPATION OF WORK FOR MOST CONTROL OF WORK FOR MOST CONTROL OF THE PROPERTY OF THE	F WORKING LI		F BUSINESS OR
130. 9	al residence (# NUR state aryland	13b COUNTY		GIVE RESIDENCE BEFORE AI 131 CITY OR TOWN Freder:	132	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1421 Tan	ey A	venue	
	John		DIE	Tracey		15 MOTHER'S MAIDEN NAM Sarah	WIDDLE		ckerd	)T
0	VAS DECEASED EVER YES, NO OR UNKNOWN) <b>NO</b>	(IF YES, GIVE W		214-10-2	17 NO.	Mrs. Mary Union Bri	Evelyn E dge, Mary	Sowma Land	n21793	333
7	Conditions, if ony gove rise to im couse (o), stati- underlying couse PART 2. OTHER SIG	mediate ng the last.	(b) DUE TO, OI	R AS A CONSEQUEN  R AS A CONSEQUEN  DISTRIBUTING TO DE	CE OF	HD NOT RELATED TO THE TERM	inal disease or con	DITION GIV	EN IN PART 10	0,
CERTIFICATION	19a DATE OF OPERA	TION	19b. CON61	TION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES \( \text{NO} \)	IN CERTIF	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
	21g. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR				ПО
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE			21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) saw the deceas above, (1) (we) (	ed olive on	2-1-	19 8	3 - 3 2-, or	d that in (my) (our) opinion o	to 3-1	82. ote and hou		that (I) (we) last causes stated
	22b. SIGNATURE	Bet	nn	raitin	h	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	22c. DATE	SIGNED
	22d. PHYSICIAN'S N		2.2	tin M.D.		220 North	Market St	- Fr	ed. Mo	1. 2170

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

230 BURIAL, CREMATION, REMO

Smirth Keeney E. Church St.

23c NAME OF CEMETERY OR CREMATORY .Olivet

Basford Funeral Hope 106

23d. LOCATION
CITY OF TOWN
Frederick

Frederick Md.

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STATE OF MARYLAND 1 - STATE

SMITCH Reeney & Basford weral 106 East Church St. Fr

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		40.	tilliania oi i	LAIN	R	EG. NO.				
1. DECEASED NAME FIR	ST MIDE	DLE	LAST		20 DATE OF DE		TH DAY	YE AR	26 HOU	R
Margu	erite (	Corun	HIMES		March	5.	1982		11:0	OOM
3. SEX	4 RACE		ATE OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY	IF UNDER		IF UNDER	2-7-110-3
Female	White	Ar	oril 25,	1903	78		YRS.	DAYS .	HOURS	MIN.
BIRTHPLACE (STATE OF FOREIG	N 76 CITIZEN OF WH	AT COUNTRY? 8	ARRIED NEVER	AARRIED T	9. BALTIMORE	ITY OR CO	UNTY OF DE	ATH		
Maryland	USA			VORCED [	Frede	rick	Count	у		MD.
Jefferson	(IF NOT IN SUCH FA	SPITAL, NURSING HO CILITY, GIVE STREET ADDRESS AIN Stree	55)	ITUTION	120 USUAL OCC (TYPE OF WORK FOR Housew	MOST OF WOR	RKING LIFE) IND	KIND OF USTRY	BUSINE	SSOR
USUAL RESIDENCE (IF NURSING HE	OME OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS								
Maryland F		effersor			3817 M	ain S	Street	,		
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S	FIRST .	MI	DDLE		LAST		
John	Wesley	Corun		rrie	M	•	Ful	mer		
160 WAS DECEASED EVER IN U	ES GIVE WAR OR DATES!	SOCIAL SECURITY		NT		ADDRESS	Middl	eto	wn I	Rd.
NO	2	214-16-19	94 Thom	as 0.	Murray	Jeff	ferson	M		
18 CAUSE OF DEATH (En	ter only one cause per line	for (a), (b), and (c).1		(1)			85	APPROXIM ETWEEN ON	ATE INTERV	VAL DEATH
	EDIATE CAUSE (a)	nelar	talle	(n	2. Cerce	MI	6	34	red	
1459	DUE TO, OR A	SA CONSEQUENCE	OF (T)					- /		
Conditions, if any, whi		2geran	us Cu	o Un	remos	ne	0/	4	4/	
gave rise to immedia couse (a), stating t	he DUE TO, OR A	S A CONSEQUENCE	OF 10 C	741.	-0					
underlying couse lo	(c)		ST-1	Maria	1	-200	0.00	2.1		
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITIO	N GIVEN IN P	ART IIO		
or C	Leg W	1. 3.00	Merce 5	stlat	200	VU	Ciles	us	2_	
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX  ZIMINUT OCCURRED	196 CONDITIO	N FOR WHICH OPER	ATION WAS PERFO	RMED	20a AUTOPSY		IF YES, WERE			
ALL LANGE					YES NO	X	YES 🗌		NO 🗌	
21a. ACCIDENT WAS UNDERLYING CAUSE	110000	NONTH DAY Y	EAR 21c HOW IN	JURY OCCURR	ED (ENTERNATURE	OF INJURY IN IT	EM 18 PART 1 OR P	PART 2)		
(IF EITHER NOTIFY MEDICAL EX	AMINER) P.M.		19			S. A.			1	
21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FARM, ET	211. LOCATIO	N	CIT	YORTOWN	cou	YINIY	51	ATE
AT WORK NOT WHILE		7					13 13			
220.1 certify that (1) (this	Mr. I a S		Carp.	19/95	×. to 11	ax 5	. 198		not (I) (w	
saw the deceased ali above, (1) (we) (did) (a	ve on	er death.	ond that in (my)	(our) opinion d	eath accurred an	the date on	nd hour and fre	om the co	ouses stat	ted
226 SIGNATURE	5	7 1	DEGREE				220	. DATES	IGNED	
1 The	Elself /	Trele)		TTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF PHYSICIAN [	0 3	2/7/	SZ	
MIL PHYSICIAN'S NAME			22e ADDRES							
A. Talbo	tt Brice,	M.D.	3809	Jeffe	erson P	ike d	Jeffer	son	, Mo	d.
230 BURIAL, CREMATION, REMO		234 NAME	OF CEMETERY OR	REMATORY	734 LOCATIO	N.	2050			
SPECIFYBurial	Mar.9,	1982 Chr	ced Chur st Ceme	terv	Jeffe	rson.	Frede	ric	k. I	Md.
Smith Reene	v & Basfor	dunera	AL KOME	250 DATE	REC'D. BY REGIS		The state of the s	-		-
106 East Chu			Mo	CHAIN A	1982	Myn	0	The York Mary	lef.eb.,	

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TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in Extinctional should be detached for use as the busial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled entired with the State Dept. of Health and Mental Hygiene prior to busial, cremotion, or removal.

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IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remane carbonpapers. Pages 1 and 2 shauld be first — thin 72 hauld be detached far use as the legith and Mental Hygiene prior to burial, cremation, ar remayal. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical examiner must be not the utility and the control of the medical examiner must be not the utility of the control of th

	1-	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	07	2 1 0
		CEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY YEAR	Zb. HOUR
	(7116	Austin	Clifford	E	OFFMAN	March 3,	1982	р•м
	3 SEX	Male	4 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTI	MONTHS DAY	AR IF UNDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	2Y2 8	32	BALTIMORE CITY OF	R COUNTY OF DEATH	
35		Maryland	U.S.A.	WIDOWE	DIVORCED		ick Count	у, мр
4	10. CI	TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NUR. Frederick			120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF U.S. GOV	ON 126 KIND INDUSTR	OF BUSINESS OR
35	13a S	TATE 13b COUN	derick Freder	OWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Wes		
4		THER'S NAME	MIDDIE		15. MOTHER'S MAIDEN N	AME		
0]		Franklin	C. Hoffma	an	Stella	A. WIDDLE	Kelle	r
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (15 YES, GN		0-3024	Mrs. Anna Street, F	I. Hoffma	n, 1206 W Maryland	Vest 7th 21701
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO THE CONDITION OF THE CO	DUENCE OF			DITION GIVEN IN PART  20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
La	RTIF					YES NO	YES 🗀	NO 🗌
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PART 2	)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC )	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
1		22a.1 certify that (1) this haspi saw the decessed dive on above, (1) we waid did and no 22b. SIGNATURE	ital) attended the deceased from	82 50	d that I (my) aur) apinia	n death accurred in the da		he couses stated
		22d. PHYSICIAN'S NAME (TYPE O	- L. Kony	bosson	TENDING PHYSICIAN	MEDICAL STAF	fian 5	14/82
1			L. Kaufmann	M.D.	253 / 43 (0) 45 (5)	House Ave.	,Fred. Mc	1. 21701
	23a. B	Burial, CREMATION, REMOVA			emetery or crematory ivet Cemet	23d LOCATION	ick Frede	erick''Md
	24 S E	mith Keeney ast Church's	hasford Fune t.,Frederick	ral h	106 250.00	R 8 1982	REGISTI AR S SICAL	Mumil

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG.	NO.		60 4		(Confg
I DE	CEASED NAME E OR PIN I PLANE	yland	Wir	iston	Hou	ston	7	20 DATE	OF DEATH	MONTH 3	1	YEAR 82	26 HOU	10
3 SE	X	1 4	RACE	V P. 12 - 15	5. DATE C	OF BIRTH		6 AGE (	IN YEARS LAST 1	BIRTH(DAY)	IF UNDER	RIYEAR	IF UNDER	74 BR5
1 0	Male		Whit		9	24	05		6	YRS	MONTHS	DATS	HOURS	MIN.
/a B	IRTHPLACE (STATE OR F	OREIGN 75	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVE	R MARRIED	9 BALTIA	MORE CITY	OR COUNT	TY OF DEA	ATH		
V	irginia		U.S.	A -	WIDOWE		DIVORCED [		Fred	erick	-			MD.
10 C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION		AL OCCUPA	TION	12b. H		F BUSINE	
T	rederick	T		cheachity, give street		7 Trac				T OF WORKING	LIFE) INDL	USTRY		
rusu	AL RESIDENCE (IF NURS					T HOS	pital	CONT	ract	or		ro	ads	
13a		136 COUNTY		13c. CITY OR TOW		13d. INSIDE	CITY LIMITS?	13e STREI	ET ADDRESS					
_	ryland	Frede	rick	Ijamsvi	lle	YES 🗌	NO X	516	1 Mu	ssett	er ]	Rd.		
14. F/	ATHER'S NAME	MID	OLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	WIDDIE			500=	7.7	2 1 1
	Joseph	Ryl	and	Houst			fulia		Wins:		Ha	arg:	rave	9
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORA		51	61 AM	usset	ter	Rd		
	No	non		225-28-1	6965	Evely	m B. I	Toust	on	Tiams	vill	le.	Md.	
	18 CAUSE OF DEATH	H Enter only o	one couse per							- Omas		APPROXIA	AATE INTERV	/Al
	PART I DEATH W	AS CAUSED B	Y:	1	W.L.	111	11111	118			- 85	Z	NSET AND D	PEATH
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	1007		DUE TO, O	R AS A CONSEQUE	NG F	11.10	110	14	blan	W.	100	71	116	
	Canditions, if ony,		(b)	<u> </u>	eno	( VYCL	1 CC	C/V	1000			00		
	cause (a), stating	g the	DUE TO. O	R AS A CONSEQUE	NCE OF							,		
	underlying cause	last.	(6)											
	PART 2 OTHER SIGN	HEICANT CON	ADITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATI	ED TO THE TERM	AINAI DISE	ASE OR CO	NDITION G	IVENI INI D	APT 1		=
Z					277777		LO TO THE TERM	WII ARE DISE.	AJL OK CO	TADITION G	IA ELA HA LA	AKT III		
CERTIFICATION	190 DATE OF OPERAL	ION	TISK COND	ITION FOR WHICH	OPERATIO	NI WAY AS DEDS	OBMED	20- A1	JTOPSY?	Tan IF VI	ES, WERE	FIR ID IA I	00 110 ==	
FIC	THE DATE OF GIERN		I'M COIND	INDIA LOK WHICH	OFERATIO	IN WAS FERI	OKMED	200 AC	norsi.	IN CERT	IFYING C	AUSES (	OF DEATH	1?
E			-7					YES [	NO		ES 🗌		NO [	
	210. ACCIDENT WAS UND		215. TIME O	FINJURY M. MONTH DA	Y YEAD	21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJ	JURY IN ITEM 18	PART 1 OR P	ART 2)		
¥	(IF EITHER NOTIFY MEDIC		Р.		19									
MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY	7.75	21f. LOCAT						-		
Z	WHILE NOT WHI		(AT HOME STE	REET, FACTORY OFFICE, F	ARM ETC)	STRE	ET		CITY OR T	OWN	COUR	NIA	51	ATE
	22a.1 certify that (1)	(this hospital)	quended th	e deceased fram_	h	en	19/0		3/6	2	19	2	hat (I) (w	e) last
	saw the decease		5/4	2 19	/ to	nd that in (m	y) (our) opinion	deoth occur	red on the	dote and ho	ur and fra			
	abave, (II (we) (d	ial (did not i vi	iew the body	after death.		DEGREE					_	DATES		
		VI	14	#111.	1	DEGREE	ATTENDING	MEDICA	IZ II	AFF	120.	DAIS	NON D	-7
	Ilm	in	100	inny !	100		PHYSICIAN		PHYS		2	16	18	1
	22d. PHYSICIAN'S NA	ME THE SER	- 41	. 4	1	22e ADDRI		~ S.T	1	60	10	00	1100	2 1.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 73b. DATE 3/9/82

FOR

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC

Ruther Glen

DHMH - 16 50M 1/81 (VRA 15, 4)

included winston allowston Phile Miles 9 A Of S Legis A. A. A. A. B. B. S. Land St. P. S. B. S. Tight maken? rederick rederick temperature temperature to be income a contractor Maryland Prederick Massettle x 5161 Massetter Rd. Joseph Ryland Houston Julie - Minston Master Margaret 5161 Mussetter 38. none 225-28-6965 Evelyn B. Houston Ilnasville, IM. ALASTON TO SECURITY 

A CONTRACTOR OF THE PARTY OF TH

Burial 10/2/22 Corman Mentiet der, and er Gien deruby.

WEEK STATE OF THE STATE OF THE

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REGISTRAR

201 W. Green St. Pickrell ADDRESS 201 W. Green St. Mildred L. Howard Middletown, MD 21769 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) (our) opinion death occurred on the date and hour and from the causes stated MIDDLETOWN, MD. Marshalltown 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 ttle-Ricketts Funeral Home Myereville, MD (VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

5:30

HOURS

12b. KIND OF BUSINESS OR

YEAR

STATE

82

INDUSTRY NAST

COUNTY

22c. DATE SIGNED

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	and A to					to blooding
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STATE OF MARYLAND

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DHMH - 16 50M 7/77

(VR A 15 (4))

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REGISTRAR

I. DECEASED NAME AA IDIPALE 2ª DATE OF DEATH 1982 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH Frederick Co. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
HOUSEWIFE OWN Own Home Main St. MCCOVER Middletown APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN St., Frederick. Md Burial Lutheran Cem. Middletown 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Thompson Funeral Home Middletown. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

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		Items 1. FOR Film#G5 STATE Film#G5 REGISTRAR AL	65	3-30-82	KINV	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		2.16
oy be oge 3 death		CEASED NAME FIRE OR PRINT)	llee	en Mi	ller	KI	NG	20. DATE OF DEATH March	3, 1982	26 HOUR 5:20 P.
moy I	3 SE			4. RACE	1101	5 DATE C		6 AGE (IN YEARS LAST BIR		RIYEAR IFUNDER 24 HRS
s of the		Female		White		Jul		69	MONTHS YRS	DAYS HOURS MIN.
- MRS		IRTHPLACE (STATE OR FOREK COUNTRY)  Maryland	SN	76 CITIZEN OF WE		8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O		
102		Frederick	1	Freder	ick Memo	DDRESS)	Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	ON 12b. F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
LAND 21.	13a.	Maryland H	COUN	ITY II3	ve residence before Bi. CITY OR TOWN Woodbine		13d. INSIDE CITY LIMITS? YES NO 🏋	13. STREET ADDRESS 3200 Jone	es Rd.	
MARY ompleted with 1 and 2 s		Oscar		MIDDLE	Miller		15 MOTHER'S MAIDEN NAME FIRST Kather:	ine		nknown
BALTIMORE  Therefore one control of papers. Pages vol.  At, the medica		WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF		E WAR OR DATES)	77–34–01		Kathryn Jor	nes, Item	13	
W. PRESTON ST.,		Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause la	ich ate the	DUE TO, OR A  (b)  DUE TO, OR A	S A CONSEQUE	NCE OF	Caria  A cuid  Tora  NOT RELATED TO THE TERM			APPROXIMATE INTERVAL  ETWEEN ONSET AND DEATH  PART 1(a)
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otter the bod the bod the bridge of the bridge or the brid	¥	WHILE NOT WHILE	*		FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	vn co	UNITY STATE
ATTENDIN spirtol or CTOR: Al of for use of Health		22a.1 certify that (17 (this saw the deceased all above, (1) (we) (did) (c	ive an.	3 3	82 19		d that in (my) (***) opinian o	to 3 3	te and hour and f	, that (I) (we) last ram the couses stated
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TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stotk	-		in	Pearre,			804 Toll Hou		ederick,	Md.
BP	730	Burial, CREMATION, REMI	OVAL	236. DATE Mar. 6, 10			emetery or crematory ascus Meth.	23d. LOCATION CITY OF TOWN Demascus	Montg.	IY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR Ulin L. Mo	les				25a. DATI	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE

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-		REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICAT	E OF DEA	TH REG.	NO.		
		EASED NAME	FIRST		WIDDLE		LAST		20. DATE KNOWN	MONTH	DAY YEAR	2b HOUR
1	(TYPE	OR PRINT)	ALBERT	· N	IASON	I.F	WIS		OF ESTI-	X 3	3 1982	
Ì	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UI		2c. DATE PRONOUNCED	MONTH	DAY YEAR	20,11001
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à		Marylar	nd	USA	1			ORCED	Frederic	k		AAD
	10. CI	Y OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION		JAL OCCUPATION (1	TYPE OF WORK	12b KIND OF E	
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t	USUA	L RESIDENCE	IF IN NURSING HOME O	R OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMI	SION)					raimi	16
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l	(YE	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	217-30-5		Mag Tag	- Manta	Drawer	M	Summit,	
ŀ			E DE ATH (Enter and	lunca anno an Kan	for(a), (b) and (c),)	730	Mrs Ine	z Mart.	in blue k	rage :		TE INTERVAL
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1		lying cau		DUE TO, OR	AS A CONSEQUENC	E OF						
		BART 2 OTHER CIC	Philips and complyings	(c)								
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ı	CERTIFICATION	210 EXTERNA	L CAUSE WAS	21b. TIME OF		21c H	OW INJURY OCC	URRED CENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PA		NY
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	ME	WHILE	NOT WHILE C		ORY, FARM ETC.)		STREET		CITY OR TOWN	co	UNTY	STATE
I		AI WORK	AT WORK						<del>\</del>			
		J7n I certif	athot I fook charg	e of the remains des	cribed above, held on	Autop	sy 🔲 . Insp	ection	Inquiry .	ond in my ap	οιπιάπ	
1		death resulte	d from Natur	gl copies	Accident,	Suicide	, Hamicide	Undete	ermined monner	],		1
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ı	= -	EYA MINIED'S I	NAME TO 1		W. D		8	12 Tol1	House Av	e.	, ,	
4		TYPE OR PRIN	Kober Kober	t J. Thom	as, M.D.		ADDRESSF	rederic	k. Marvla	nd 217	701	
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1		Buri		3/5/82	Blue Ri	dge C	emetery	Thu	irmont, Fr	ederio	ck, Md	
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8	ru	neral h	omes. P	A								

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signed by the attending physician and camplet

injury, ar other troumatic event, th

and Mental Hygrene prior to burial, cremation, ar re

IMPORTANT: If them 21 is marked or them 18 sha

226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Dr. Rex R. Martin, M. D.

Mar.19,1982

	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	GIENE 3 2 REG. NO.	0 7 2	. 1 3	
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH		26 HOUR	
		Lova	Marguerite		IAIN	March 16,	1982	6:52 Pm	
	3. SEX		4. RACE	5 DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
		Female	White	Oct.	7% 1976	65	YRS		
K		RTHPLACE (STATE OR FOREIGN aryland	USA	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Frederick County			
1		TY OR TOWN OF DEATH ederick	11. NAME OF HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORK HOMEMAKER V	(ING LIFE) INDUSTRY	MD. OF BUSINESS OR	
_		AL RESIDENCE (IF NURSING HOME OR	Frederick Mo		IT HOSPICAT	nomemaker v	Home	3	
5	13a S	TATE 136 COUN			13d INSIDE CITY LIMITS?	10001 Old F	rederic	k Rd.	
	14. FA	THER'S NAME	MIDDLE		15 MOTHER'S MAIDEN NA	ME			
0	G	eorge F	. Angleberg	er	Myrtle	MIDDLE	Halla	r	
		VAS DECEASED EVER IN U.S. AR ES. 100 OR UNKNOWN) (IF YES, GIV	E 11100 000 01501	0-823	Francis W. Rt. 2 Box	Main ADDRESS x 398 Freder	ick, Md	. 21701	
		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ED BY: TE CAUSE (a)	to a	ardiac es	rest-	APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	OUEN CLES	esse with	recent coron	my by po	es .	
	NOI	PART 2 OTHER SIGNIFICANT O	conditions contributing to	UN 4	NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION	GIVEN IN PART 10	a,	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PER ORMED		IF YES, WERE FIND II CERTIFYING CAUSES YES		
1	EDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)		
	MEDI	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		22a.1 certify that (I) (this haspi sow the deceased alive on	ital) attended the deceased fram		nd that in (my) (aur) apinion	death accurred on the date and		that (I) (we) last	

DEGREE

231 NAME OF CEMETERY OR CREMATORY

Md. 2170

Mt.

220 ADDRESS

Olivet Cem.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Md.

Market St. Frederick, Md.21701

23d LOCATION
Frederick Frederick

REGISTRAR 256 REGISTRAR SSIGNATURE AND MATURE AND MATUR

BP\_\_\_\_\_ DHMH-16 50M 1/B1 (VRA 15, 4)

should be detached with the State Dept.

TO FUNERAL DIRECTOR: After this certificate has been

5mitchpire Reeney & Basford 106 East Church St. Frederick

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Thurmont, MD

Douglas Stauffer

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

1982

25 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

250 DATE REC'D. BY REGISTRAR 251/ REGISTRAR S SIGNATURE

Zanch

22c. DATE SIGNED

7:30P

DHMH - 16 50M 1/B1

(VRA 15, 4)

FOR - STATE

REGISTRAR

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MPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CENTIL	ICATE OF DEATH	REG. N	10.		
1. DECEASED NAME FIRST (TYPE OR PRINT) Viol	a Cathe	rine		LAUSE	20 DATE OF DEATH		1982	2b HOUR
3. SEX Female	White		5. DATE (	DF BIRTH 21 DAY 1898 AR	6 AGE (IN YEARS LAST BIT		FUNDER I YEAR	IF UNDER 24 HR
70 BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY OF	DERI		N
Braddock Heights		HOSPITAL, NURSIN CH FACILITY, GIVE STREET ON A NURSIN		DR OTHER INSTITUTION	12a. USUAL OCCUPAT			OF BUSINESS O
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU Maryland Fred	ROTHER INSTITUTION NTY <b>erick</b>	GIVE RESIDENCE BEFORE  13. CITY OR TOW  Myersvi		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Street		
14 FATHER'S NAME  RIST  Bittl	e Poff	enberger		15. MOTHER'S MAIDEN NA Märgie		Wachte	1 LAS	ST .
16a WAS DECEASED EVER IN U.S. AI [YES, NO OR UNKNOWN] [IF YES, GI	RMED FORCES? VE WAR OR DATES)	219 12 23		James P. Maus	9811 Mios se Myersvil			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE		tic Ana	MIA		3	MARE MIERVAL ONSET AND DEATH
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK 27a.1 certify that/ (1) this hosp	19b COND 19b COND 19b COND ATH HOUR A P) 21e PLACE (AT HOME, ST	EVOTE  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET FACTORY, OFFICE, FA  LIE deceased from  ALLY 28 19	OPERATIO  AY YEAR  19  ARM. ETC.)	21t. HOW INJURY OCCURI 21t. LOCATION STREET 19 22 and that in m (our) opinion.	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the d	20b. IF YES, IN CERTIFY YES OWN  10 ote and hour	WERE FINDING CAUSES  IT I OR PART 2  COUNTY  9	NGS USED OF DEATH? NO  STATE
22b. SIGNATURE	e d	Kerlan	ud		MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	3 DATE	SIGNED

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 3-4-82

EDNAED

KINLAND

Myersville, MD

600

BRUNSWICK MD. St. Paul's Lutherapy Myersville Frederick Mary

NINTH AVE

Myersville Frederick Maryland

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3/2/82				
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and samplitify. Her to the high hands be defined to use as the busind-transit permit. Then please remove cobanging in the Targer Land Zahaud be then and the State Dept. of Health and Mental Hygene prior to busind, cremation, or removal.

## STATE OF MARYLAND

AENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
CE	RTI	FIC	ATE	OF	DEATH		

	REGISTRAR ECEASED NAME FIRST	WIDDLE	ŁAST	REG. NO.  20 DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
(TYPE	SIDNEY	BURNS	MICHAEL	March 12, 19	
3. SE	EX Male	4 RACE Caucasian	5. DATE OF BIRTH March 21 1888	6 AGE (IN YEARS LAST BIRTHDAY	YRS PATS HOURS
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED TO NEVER MARR	The second selection is	
	CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN Frederick Nurs	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ORKING LIFE) 125 KIND OF BUSINESS
130 M	Maryland Fre	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY   13t. CITY OR TOW   Treder 1	N . 138 INSIDE CITY LIMITS?	13. SIEFF ADDRESS 607 Magnol:	ia Avenue
F	FATHER'S NAME Frederick	A Michael	Al ice	<b>J</b> MIDDLE	Baker LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES?  YE WAR OR DATES)  16b SOCIAL SECU  220→09→7		Michael	agnolia Avenue
	RATI. DEATH WAS CAUS  PARTI. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF ASH	)	APPROXIMATE INTERVAL BENEFIT NOISE LAND DE
CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	ENCE OF ASH	20a AUTOPSY? 20b	ON GIVEN IN PART 110.
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	ENCE OF  DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b	ON GIVEN IN PART 1101
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH  191 CONDITION FOR WHICH  ATH HOUR A.M. MONTH DA	ENCE OF  DEATH BUT NOT RELATED TO THE TE  OPERATION WAS PERFORMED  210 HOW INJURY OCC	200 AUTOPSY? 200	ON GIVEN IN PART 1101  b. IF YES, WERE FINDINGS USED ICERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH  191 CONDITION FOR WHICH  ATH HOUR A.M. MONTH DA	ENCE OF  DEATH BUT NOT RELATED TO THE TE  OPERATION WAS PERFORMED  AY YEAR 19  211 LOCATION	200 AUTOPSY? 2016 IN	ON GIVEN IN PART 1101  b. IF YES, WERE FINDINGS USED ICERTIFYING CAUSES OF DEATH?  YES NO NO
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1201 N Market Street 136 DATE REC'D BY REGISTRAR Frederick, Md 21701 MAR 2 2 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DHMH - 16 3/72 2 (VR A15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔣

					CE	RITHIC	ALE OF DEATH					
		ECEASED-NAME	First	11.119	Middle		Last	2a.	DATE OF DEATH			HOUR
	(1	Type ar print)	Betty		Julia		Miles		Manth	Day Yea	11	:50y
	3. SE	EX	4. R	ACE		100	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS.
		Female			hite		1/25/19	20	last birthday)		DAYS HOURS	MIN
10	7a. E	BIRTHPECHIPSY	bvania (1)	IZEN OF WHAT	COUNTRY?	B. MARRIED	NEVER MARRIED		UNTY OF DEATH			
U	tuoi	IXKXXX	KK & Wn	USA		WIDOWED			Frederick			Md.
10	ID. C	TITY OR TOWN OF DEA	AtH	11. NAM give stre	e of Hospital or ins	ighla	not in haspital 12a. US nderBld during	mai t	UPATION (Kind of work don working life, even if retired <b>ress</b>	ie 12b. KIN I.) INDUST	ID OF BUSINES RY St.	SOR
3	13a. admi	USUAL RESIDENCE (Wissian) STATE	here deceased lived	, if institution COUNTY.	: Residence befare	13c. CITY C	R TOWN 13d. INSIDE CIT		13e. STREET AND NUMBER 9396 High		Blv	d.
-	14. F	FATHER'S NAME	First	Middle	Last		IS. MOTHER'S MAIDEN NAME	First	Middle		Last	
ICH		Jo	hn		Eng	rle	7	ano	ra	BIRK L	Eng	le
	16a.	(es, na, prunknawn)	IN U.S. ARMED FOR	1 1	6b. SOCIAL SECURITY		INFORMANT		9396 Highe			
1	,,	NO.			213-16-1	L303	Jesse Mile	S W	alkersvill			
,			WAS CALISED BY		far (a), (b), and (c).		DECT				PROXIMATE INTER	
		141119	IMMEDIATE CAUS	ot (u)								
		Canditians, if any,	vhich gave)	IL TO, OK AS	A CONSEQUENCE OF	THEA	OMATOUS CON	DNAM	LY ARTERY DIS	EAST 1	OVEAL	1 (
		rise ta immediate	cause (a).	JE TO OR AS	A CONSEQUENCE OF	41	PANGESTIVE	HEI	LY ARTERY DIS	-0.	7 1 (1)	. >
- 1		stating the underly	ing cause	(c)		0						
		PART 2. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEASE O	RCONDITI	ON GIVEN IN PART 1(a)			
	2	HYPE	ERTENS!	ON	PULMO NA	RY E	MAHYSEMA O	+F1B	3ROSIS			
2	CERTIFICATION	19a. DATE OF OPERAT					2Da. AUTOPSY? YES NO [			S CONSIDERED IN CERTIFYING		
9	MEDICAL CER	21 a. ACCIDENT WAS ar contributing () (If either, natity me	CAUSE OF DEATH	1b. TIME OF II	NJURY Manth Day Year		HOW INJURY OCCURRED (En	ter nature	e of injury in Part 1 ar Part	2, Item 1B.)		-18
	MEE	21d. INJURY OCCUR While Nat while at wark at wark	RED 21e. PLACE C				LOCATION Street ar R.F.D. I	Na.	City or Tawn	County		State
		22o. I certify the	not (I) (this hosp	1	ded the decease	952-01	nd that in (my) (our) a	7a, pinion	to $3/24$ , deoth occurred on the	19 <u>5 /-</u> , 1 dote ond h	hot (I) (w	ve) lost om the
		22b. SIGNATURE	Men E.S	Sone ?				MED. DIRECTO	R STAFF 2	3/25		
1		22d. PHYSICIAN'S NAME (Type)	UAMES	E. STO	ONER, SI				SVILLE, Md.			
	230.	BURIAL, CREMATION,	23b. DATE 3/29	/82	23c. NAME OF Parkla	awn C	emetery	Ro	LOCATION (City or Town) ckville, Mo:	ntgome	erv.	,
	24.	FUNERAL DIRECTOR			Routperess	LO E	Ox 66 250. REC'D	BY REGI	STRAR 2Sb. REGISTRA	R'S SIGNATURE		
5M		G. Dongl:	as Stair	ffer	Freder	ick	Md DATE	MAR	31744 2	(Q	an Mars	we as a

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FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

Thompson Funeral Home

DHMH - 16 50M 7/77

(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21769

Middletown, Md.

REG. NO

2b. HOUR

HOURS

IF UNDER 24 HRS

1982

IF UNDER I YEAR

DAYS

XXX

YES T

COUNTY

Fred.

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STATE

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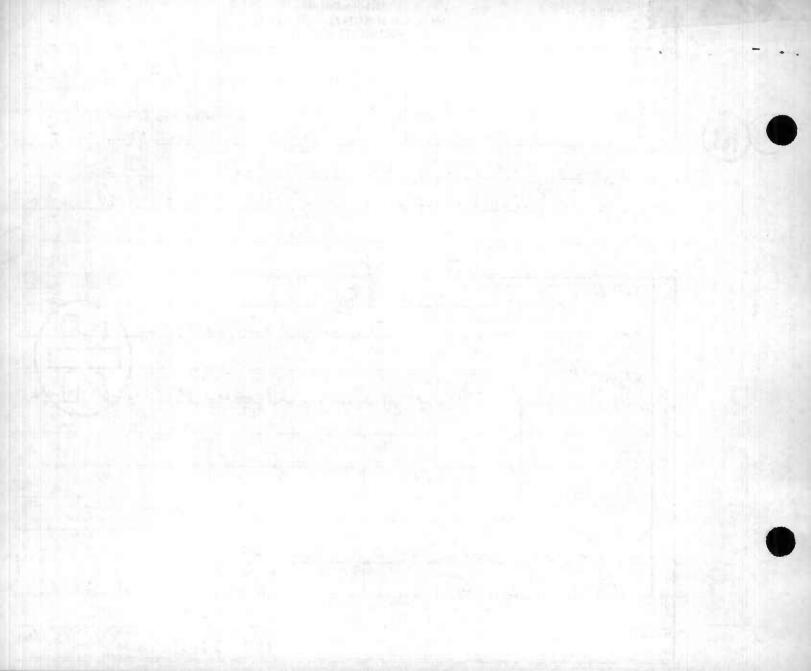
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(VRA 15, 4) 7/7B

STATE OF MARYLAND

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STATE OF MARYLAND

Marita Imaat Vayara, 24. Predental pedental enortal outlied coraton Caryland Profession Start & City South to Ed. | | arara seve femas sera 214-1 -4752 Harder Jers, dr. reic ist, artic Train 3 11/62 authis spany addenus, Vestonici, II, 0150 10 03 0 

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

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		FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 3 2	()	7 2	2 8
page 3		CEASED NAME FIRST	ma I	ee.		PET TY	20. DATE OF DEATH  March		82	10:40 I
offer d	3. SE	x Female	4 RACE	te	S DATE O	DF BIRTH 8. 0AY1903'EAR	6 AGE (IN YEARS LAST BE	M	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
富加9		RTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OF Frederi	_		
190		TY OR TOWN OF DEATH	(IF NOT IN S	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET CENS NUTSI	IG HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Waitres	ION	12b KIND C	MD PF BUSINESS OR rant
A State of S	130. 3		e orother institution DUNTY ederick	13c. CITY OR TOW Freder	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 405 Grant	Place		
coloxomi		ATHER'S NAME FIRST Abe 1 VAS DECEASED EVER IN U.S	WIDDLE	Linebe	rer	15. MOTHER'S MAIDEN NA Mattie	Lot			rch
ned by the attending physician and please remove carbon popers. Pages urial, cremation, or removal.  y, or other traumatic event, the medic		NO No.  18 CAUSE OF DEATH IEnte PART I. DEATH WAS CA IMME!  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, (c)	ORAS A CONSEQUE	legel ENCE OF	Caramma Bodyy Lll	Martsock,	Mt. Ai	APPROX BETWEEN	MATE INTERVAL ONSEL AND DEATH
nsit permit. Then programs permit. Then programs prior to but shows any injury,	CERTIFICATION	190 DATE OF OPERATION	196 CON			N WAS PERFORMED	200 AUTOPSY?  YES NOW	20b. IF YES,	WERE FINDIN	4GS USED
buriol-tr buriol-tr A Mentol or Item 1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A	OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  TREET, FACTORY, OFFICE F	19	216 HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		COUNTY	STATE
ached for use as the Dept. of Health and If Item 21 is marked		27a I certify that (I) (this has on the deceased alive above, (I) (west diet) (die 27b. SIGNATURE	on mare	120 10X		nd that in (my) <del>(out)</del> opinion o			ond from the	SIGNED
TO FUNERAL should be deto with the Stote [ IMPORTANT: If		22d PHYSICIAN'S NAME (I' Dr. Bernar		nas, Jr.,	M.D.	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	CIAN .	ick, N	182 ld. 2170:
TO FUN should b with the IMPORT.	23a B	URIAL, CREMATION, REMOVE BURIAL				EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Blanche	, Linco	olni, Te	ennessee

750 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Smith, Keeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

DHMH - 16 50M 1/81 (VRA 15, 4)

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X.	1-	FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG, NO.	7 2 2 9
			MIDDLE	Phi 5. DATE C		March 25 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR  (9 \$2 2 9 M  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN
death Page function of the state of a open	30	Male RTHPLACE (STATE ORFOREIGN DUNTRY) LATYLAND ITY OR TOWN OF DEATH	White 7b CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL NURSII	MARRIE WIDOWE		81 YRS.  9 BALTIMORE CITY OR COUNT  Frederick Co	unty MD.
A hours ofte led in by the lid to fled w	F	rederick	Frederick Nursing Center  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESSON  TY  Erick 13-C-117 OR TOWN  Brunswick 13-d. INSIDE CITY LIMITS?  YES XX NO			Wreck Master Waster  13e Street Address 4 North Maryl	B&O R. R.
completely fill	V.	THER'S NAME  FIRST  TILLIAM  C.	en LAST				
hysicion and boper Paga oval. nt, the madis	(4	ES NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES?  166 SOCIAL SECTOR  705-10-  nly one couse per line for (o), (b), (o)  DBY:	2893	Silas C. Phi	illips Frederi	wnee Drive ck, Md. 21701
quires that the death certification of the other please remove carbong to buriel, cremation, or remainty, or other troumatic eve	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU OUE TO, OR AS A CONSEOU OUE TO, OR AS A CONSEOU (CLUBERS)	TENCE OF A	there le	myour heart myour bislings	YEN IN PART 1(0)
ysicion. ysicion. Hygiene prior Hygiene prior	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE			IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)  PART 1 OR PART 2)
"ATENDING PHYSICIAN tooping on ottending physician sections. After this certificed for use os the buriol-tr of, of Health and Mental is marked or Item."	of Health on Mental 1	sow the deceased alive or	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET  A 19 8 2 and that in (my) (my) opinion of DEGREE	city ORTOWN  to Murch 35  death occurred on the date and ho	COUNTY STATE  , 19 , that (I) (we) lost ur and from the causes stated
TO HOSPITAL OR retained by the It TO FUNERAL DIR should be detecth with the Stofe Del	23o. E	THE PHYSICIAN'S NAME (TYPE OF	1. Chase	MD	ATTENDING PHYSICIAN 220. ADDRESS, FOTOL HOESE	MEDICAL STAFF DIRECTOR PHYSICIAN  SUSCAVE TY  1234. LOCATION CITY OF TOWN	26 March 1986 ederick MD
BP PHMH - 16 50M 7/77 (VR A 15 (4))	24 FL	Burial UNERAL DIRECTOR	Mar. 29, 198 100 Petersvisl s Funeral Home	- Don	d 0 0 0	en. Winchester E REC'D. BY REGISTRAR TO REGIS	Virginia KARYS SIGNATURE

DHMH-16 50M 7/77 (VR A 15 (4))

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V/			tem #13c&17 FOR Home 4/1				n •STATE OF MENT OF HEALTH		AI HYGI	ENE 8 2	0 7		3 0
7	176	1 -	STATE REGISTRAR	20,02		DEI ARTIM	CERTIFICAT			REG. NO.			
- 1	- 7			RST	MIDDLE		LAST	THE N		20 DATE OF DEATH MONTH	d DAY	YEAR 2b	HOUR
ge 3		TITPE	OR PRINT) Made	line	Iren	ie	Pixle	V	1993	3	3 :	19825	:30x
100		3. SEX			ACE		5. DATE OF BIRTI			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNE	DER I YEAR IF U	JNDER 24 H
· (157)	1		Female		White		1 2	27 1	800	74	rRS MONTH	DATS HO	DURS M
	20		RTHPLACE (STATE OR FORE)	GN 7b. €	CITIZEN OF WHAT CO	OUNTRY?	MARRIED A	IEVER MARRII	ED 🗆	9. BALTIMORE CITY OR CO		EATH	
dead from	20	10 61	Maryland TY OR TOWN OF DEATH		USA		WIDOWED	DIVORCE	ED 🗆	Frederic			
by the filed with	64		Frederick	F	NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, rederick	GIVE STREET A	DDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Bookeeper	ING LIFET IN	E KIND OF BU DUSTRY Feed	
1 24 hours in sould be	85	130. S Ma	ryland F	COUNTY	rick Wal	to day	Ville ES		X	13e STREET ADDRESS 10827 Days	vill	e Rd.	
etrly 12 th	E C C	14 FA	THER'S NAME	MIDD	LE.	LAST		THER'S MAIL		WIDDLEMIDDLE		LAST	
omple one	20		Harry	R.		Kint		Virgi	Le	L.		Cru	
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be rs. P.	e /	_	NO  18 CAUSE OF DEATH IE PART I. DEATH WAS O			2-03-	1504 1	leith	Plx	ley Walkers	vill	APPROXIMATE BETWEEN ONSE	ryla
signed by the hen please re to burial, crer	llury, ar ather	NO		ost.	(c)			ELATED TO TH	HE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN	PART Ito	
he law reconstruction.  has been t permit. T iene prior t	2 sous	CERTIFICATION	19a. DATE OF OPERATION	1	196 CONDITION FO	R WHICH (	PERATION WAS	PERFORMED		200 AUTOPSY? 200 IN C	IF YES, WER ERTIFYING YES	RE FINDINGS CAUSES OF I	USED DEATH?
physician. The le physician. Tificate has altransit per all Hygiene	C		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		216. TIME OF INJURY HOUR A.M. MOI		Y YEAR	OW INJURY	OCCURRI	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 O	R P ART 2)	
SIC	le l	MEDICAL	(IF EITHER NOTIFY MEDICALES	KAMINER)	P.M.		19						914
TENDING PHY oital or attendi TOR: After this for use as the bu of Health and M	orked or	MEL	WHILE NOT WHILE AT WORK		218. PLACE OF INJUR (AT HOME STREET, FACTOR	RY, OFFICE FA	RM, ETC)	STREET		CITY OR TOWN		YTMUC	STATE
			220.1 certify that (1) (this saw the deceased o above, (1) (we) (did) (		ottended the decease  3 - 3 -  w the body after dea				opinion d	eath occurred on the date and		from the caus	
y the has y the has AL DIREC detached ore Dept.	ē E		226. SIGNATURE	+ K	mont	in	DEGREI		DING 6	MEDICAL STAFF DIRECTOR   PHYSICIAN		2c. DATE SIGI	NED
retained by the	MPOK A		226. PHYSICIAN'S NAME	(TYPE OR PRIM	X RMA	retin	22e. A	DDRESS	20	N MARKET	2m	121	701
BP		23a B	URIAL, CREMATION, REM Burial	OVAL 23	3/6/82		apel Co			Walkersvil	le,F	reder	ick
DHMH - 16 50M 1/8 (VRA 15, 4)	31		NERAL DIRECTOR NAME G. Douglas	Stan	R Iffer Fre	loute	10 Bock Mar	22500	5 4 B	REC'D. BY REGISTRAR 256 PM			

THE STATE OF THE STATE OF energy england ARTICLE CONTRACTOR and and the contract of the original washing that the contract of the contract gardand frederic's allegarithe w 1027 agraville d. 5., land are also at 212-0-152 e., kile talererile, amlen 3///62 chase lacater wallerstill, bedieved Of educa L. Louring Stauffer irrde tick, arriate executed within 24 hours after death. Page 4 may

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

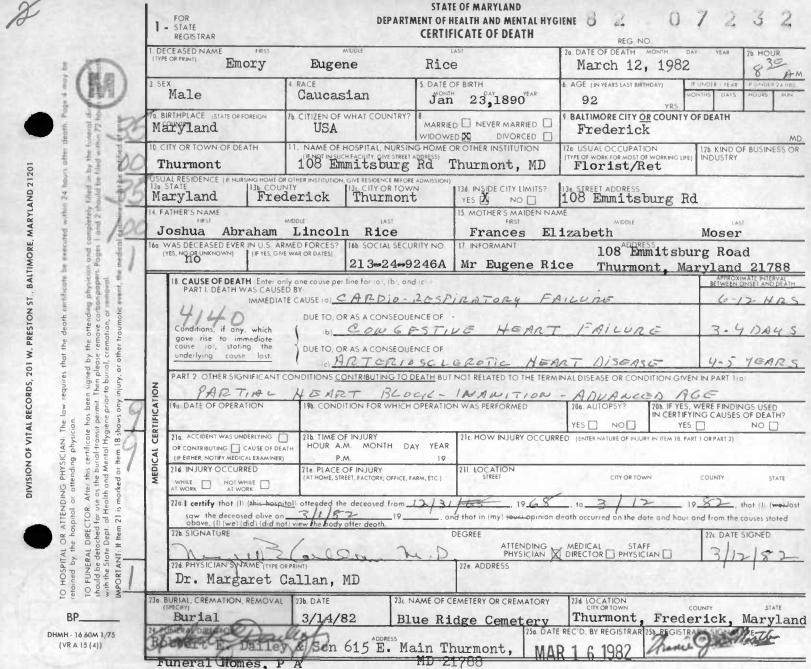
FOR STATE REGISTRAR	DEPAI		H AND MENTAL HYG TE OF DEATH	IENE REG. NO	. U /	. 3 1
1. DECEASED NAME FIRST (TYPE OF PRINT) Clar	a L.	P(	ORTER	March 26		26 HOUR
3. SEX <b>Hemale</b>	4. RACE White	5. DATE OF BIR March	24,1894	6. AGE (IN YEARS LAST BIRTI	HDAY)  IF UNDER LYEAR  MONTHS DAYS  YRS.	
Jo. BIRTHPLACE (STATE OR FOREIGN  Maryland	U.S.A.	MARRIED WIDOWED X	NEVER MARRIED DIVORCED	Paltimore city of Frederic	ck County,	M
Frederick	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVESTR Frederick Nu		enter	120 USUAL OCCUPATION TO THE HOME TO THE HO		OF BUSINESS O
Maryland Fre	e derick 13 City or to derick	ys town			town, Mary	land
14. FATHER'S NAME FIRST Alonza	P. Mars	h	Emma	MIDDLE	Merlo	
160 WAS DECEASED EVER IN U.S. (YES. 100 UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE 216-05	1 -1 1	Mr. James Farm Road	R. Kennet	ly, 7913 E k, Md. 21	dgewood 1701
PANT 2 OTHER SIGNIFICANT  PANT 2 OTHER SIGNI	ALLLAUS 1100 CONTRIBUTING TO ALLLAUS 1100 CONDITION FOR THE	logic	To Cha	lutury 200 autopsy?	206, IF YES, WERE FINDS	lle,
OR COLUMNIA COLUMN	110110 1 11 11011711	DAY YEAR 21c	HOW INJURY OCCURR	YES NOTE	IN CERTIFYING CAUSE YES  YES  YEN ITEM 18 PART 1 OR PART 2)	NO _
GIF EITHER, NOTHEY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			LOCATION STREET	CITY OR TOW	YN COUNTY	STATE
220 I certify that (I) (this he sow the deceased alive	ospital) attended the deceased from	( ) //	, 19_86 t in (my) (50-0pinion o	to 26 Mir deoth occurred on the do	te and hour and from the	that (I) (we) courses stated
226. SIGNATURE	Thirt .	DEGR	ATTENDING PHYSICIAN	MEDICAL STAFI	19	Wull,
	F. Brooks, M.	.D. 4		St., Free	derick, Mo	1. 217
23a BURIAL, CREMATION, HEAD (SPECIFY) Burial	Mar. 31, 1982	Western				aryläh
Smith Keene 106 E. Churc	t Basford P.A. h St. Frederic	Funera	Home MAR	REC'D. BY REGISTRAR	DB. REGISJIKAR'S SIGNA ANCO	TORE THE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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-	1.	STATE REGISTRAR		JEI ARIM		EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	
	1. DE	CEASED NAME FIR	ST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOU
1	1	MARY		KEA	RI	FFLE	March 13, 1982	10:3
	3. SE	X	4. RACE		5 DATE C		6 AGE   IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
		Female	Caucas	ian		h 10, 1899	83 YRS	MONTHS DAYS HOURS
3 18		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
0		ennsylvania	USA		WIDOWE		Frederick	
	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINE
To be	F	rederick		ck Memori		spital	Homemaker	L) IIIVDOSTKI
P P		AL RESIDENCE (IF NURSING)	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
E	M		rederick	Thurmont		YES NO	13715 Strafford	Drive
wine	14. F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA		LAST
£00		William.		McCarney		Harriet	MIDDLE	Willhide
medical		VAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	13715 Straf	
me		No No	ES, SITE TIME OR DATES)	212-74-8	574	Joseph C Rii		
the i		18 CAUSE OF DEATH (Er	nter anly ane cause pe	r line far (a), (b), and	dicit			APPROXIMATE INTER
event, the		PART I. DEATH WAS C	AUSED BY. NEDIATE CAUSE (0)	Acute Car	diac	Arrest		15 Minut
		0/10	DUE TO C	P AS A CONSEQUE	NCE OF			2 1
ottendin nove carb lation, or t traumatic		Canditians, if any, whi	ich ( (b)_	Acute Gas	troen	teritis with	Hypovolemia	2 days
orner		gave rise to immedia cause (a), stoting t		R AS A CONSEQUE	NCE OF	s Pancreatiti		2 dozen
		underlying couse la	ist.	Acute Ede	matou	s Pancreatiti	S	2 days
injury, or	Z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
oux in	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED -4	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
smous 2	FI	3/13/20	Dec.	oporte	id:	Anergun	IN CERTIF	YING CAUSES OF DEAT
8 %	1 1 1	21a. ACCIDENT WAS UNDERLY	NG 7 216. TIME C		7 0	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	
Item 18	ICAL C	OR CONTRIBUTING CAUSE	OF DEATH HOUR A					
= /	DIC	21d. INJURY OCCURRED	21e PLACE	.M. OF INJURY	19	21f LOCATION		
1	MEDI	WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY ST
o p			haspital) attended t	ne deceased from	31	10 8	3/18	19 S 5 that (1) (
morked		22a. certify that (1) (this						
is morked		220.1 certify that (I) (this saw the deceased al	ive on	12/ 19	82,01	nd that in (my) (our) opinion	death occurred an the date and hou	D
21 is morked		saw the deceased al	- COL	12/ 19		nd that in (my) (our) opinion	death occurred an the date and hou	D
Hem 21 is morked		saw the deceased al abave, (I) (we) (did) (	ive on	12/ 19		DEGREE ATTENDING	MEDICAL STAFF	r and from the couses sto
ANT: If Hem 21 is morked or		saw the deceased al abave, (I) (we) (did) (	ive an 3/did nat) view the bady	7 after death.		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
r nem zi is morked		saw the deceased all abave, (I) (we) (did) ( 22b. SIGNATURE	ive an 3/did nat) view the bady	7 after death.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	r and from the couses sto
Hem 21 is morked	230.	saw the deceased all abave, (1) (we) (did) (1) 22b, SIGNATURE 22d, PHYSICIAN'S NAME	ive an 3/did natiview the bad;  DE A 11/PE OR PRINT;  DA 11. A	Carrios	o R	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED

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106 East Church St., Frederick, Md. 21701

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

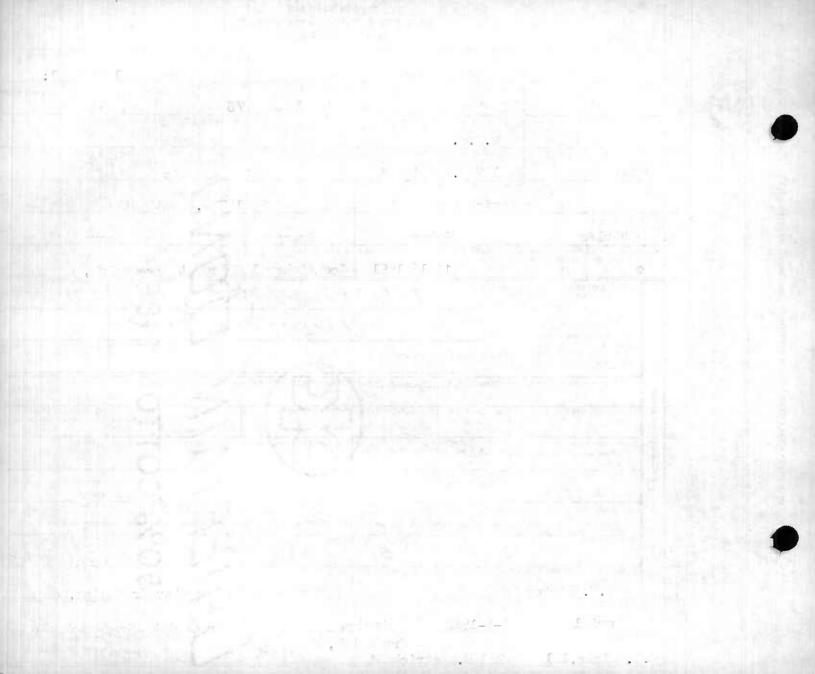
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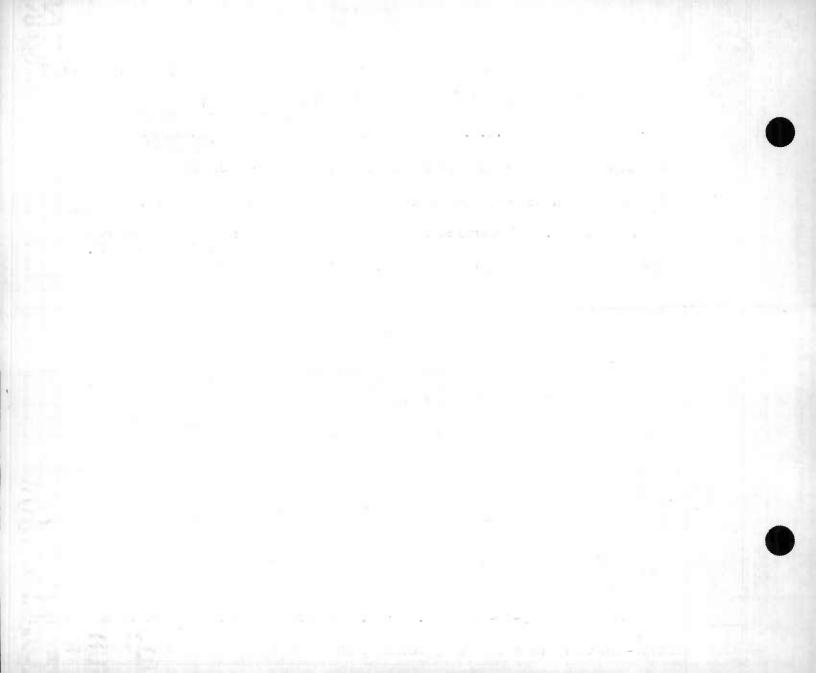
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FOR

STATE OF MARYLAND





73	FOR STATE REGIS
(BE)	1 DECEASED

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

d-a	0	1	2	3	4

		REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	A	AIDDLE	ı	ASI	20. DATE OF DEATH		OAY YEAR	26. HOUR
	(TYPE	OR PRINT)	arl	T	homas		SIER	March	27, 1	982	a.m
	3 SEX	(	4	RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male		Whit		Apr	11 24,1934	47	YRS	MONTHS DAYS	HOURS MIN.
35	100	RTHPLACE (STATE OR FO	OREIGN 7	U.S.	MHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIORCED	Preder			MD.
14		rederick	/	(IF NOT IN SUCI	H FACILITY, GIVE STREET A	(DDRESS)	1 Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Sales	TOF WORKING L	IFE) INDUSTRY	of BUSINESS OR urance
35	13a S	AL RESIDENCE HE NUR TATE Aryland	Fred	orick	IN THE PROPERTY OF THE PROPERT	Ty (	13d. INSIDE CITY LIMITS? YES NO	13: STREET ADDRESS	agert	own Ro	ad
10.0	14 FA	THER'S NAME		IDOLE	LAST	51-0	15 MOTHER'S MAIDEN NA				
90		Dorsey			Sier		Eva	MIDDLE		Yeager	
1	16a. W	VAS DECEASED EVER II		Sew 58 Dates) 220-30-9096			"MASSANI Alice E. SIEF, 6006 Yeage town Rd., Mt. Airy, Md. 21771				
	7	Conditions, if any, gave rise to immicrouse (a), stating underlying cause	ediate g the last	DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSEQUE	NCE OF	Courhoses				2)
	OIT		Hu	merces	alon	_0	out				
2	CERTIFICATION	19a DATE OF OPERATI	ION	W. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN	OF DEATH?
	ERT	21a. ACCIDENT WAS UNDE	RIVING	21b. TIME OF	E INTUINA		Tale HOW INTHIBY OCCUPY	YES NO		ES 🗌	NO 🗌
9		OR CONTRIBUTING CA	AUSE OF DEATH	110110 1 1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	CED (ENTER NATURE OF IN	JURY IN ITEM TE	PART I OR PART 2)	
'	MEDICAL	21d INJURY OCCURRE	LE 🗍	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC }	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		22a.   certify that (1) ( sow the deceased above, (1) (we) (di	d alive on_	2-2	-6 19 8	22. on	3 - 6 9, 19 ad that in (my) (our) opinion	death accurred on the	27 -		that (I) (we) last couses stated
		226. SIGNATURE	( (1)	view the budy (	T-	(	DEGREE ATTENDING	MEDICAL ST	AFF	22c DATE	SIGNED
7		22d PHYSICIAN'S NA	1-10	ma	mo		PHYSICIAN I	DIRECTOR PHYS	ICIAN []	3.	-29-82

BP.

ATTENDING PHYSICIAN:

DHMH - 16 50M 1/B1 (VRA 15, 4)

with the State Dept of Health and Americal Hygiene prior to burd, cremation, or removal. Pages 1 and 2 should be filed within 72 hours have burden by the fundance or the proof of the state of Health and Mental Hygiene prior to burd, cremation, or removal.

23a BURIAL, CREMATION, REMO 230 NAME OF CEMETERY OR CREMATORY Burial Providence Cem. Smith Keeney Bastord Funeral E. Church St., Frederick, Md. 2

Remptown Frederick Md.

H9me;

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	Charles T	35.6.75	reier , . 13	Hamely my

- 1		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 7 2 3 8						
	1.	STATE REGISTRAR	DEPARI	CERTIFICATI		REG. N	0		
		CEASED NAME FIRST	MIDDLE	1451		20. DATE OF DEATH	MONTH DAY	20 1100K	
1	11176	Edwa	ard Ambroso	= 15m	ith	-	3 28	82 9:55	
	3. SE	X	4 RACE	A DATE OF BIRTH	H DAY YEAR	6 AGE FEARS LAST BIR	THDAY) IF (	UNDER I YEAR IF UNDER 2	
	1 40	Male	White	7	28 10	81	YRS.		
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED &	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
9	10. C	Pa.	U.S.A.  11. NAME OF HOSPITAL, NURSIN	WIDOWED TH	DIVORCED'	Fr	ederic	2k 12b kind of Busines	
4	10 C		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRY	
1	USU.	Frederick AL RESIDENCE (IF NURSING HOME OF	Frederick ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134, CITY OR TOV	Memoria E ADMISSIONI	I Hosp.	Retired		Retir	
1	_				ISIDE CITY LIMITS?	13e STREET ADDRESS		- State of	
2		Maryland   Fred	derick   Freder		OTHER'S MAIDEN NA		Retir	rement Ce	
Y		FIRST	MIDDLE LAST		FIRST	7 MIDDLE		LAST	
7	16a V	Harry E c	Iward Smith		? FORMANT	ADDRE	SS	Ambrose	
			VE WAR OR DATES)			Pero	de mi ale	Wa	
	-				her Smith	ree	derick,	APPROXIMATE INTERV	
		PART I. DEATH WAS CAUSE	00 00 00	11 1	2.	las intra			
		IMMEDIATE CAUSE (0) Chrebral thrombon - Bosilos artery system 4 days							
	DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, it any, which gave rise to immediate (b) ARTERIOS CLERATE CARdia JASENLAN CISEASE							
		couse (o), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT K	ETATED TO THE TERM	VIN AT DISEASE OR CON	DITION GIVEN	IN PART TIO	
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED		
2	IFIC					YES NO	IN CERTIFYIN	NG CAUSES OF DEATH	
	ERT	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. H	IOW INJURY OCCUP	RED (ENTER NATURE OF INJU			
9		OR CONTRIBUTING CAUSE OF DE		AY YEAR					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.  21e PLACE OF INJURY	19 21f. LG	OCATION				
	ME	WHILE TO NOT WHILE TO	(AT HOME STREET, FACTORY OFFICE,		STREET	CITY OR TO	WN	COUNTY STA	
	1	AT WORK AT WORK		DECEMBER	3 61	'a MARCH"	20 10	62	
		sow the deceased glive on MAR 26 19 82 and that in (my) (off) agining death occurred on the date and how and from the course states							
		abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.	DEGRE			one one neor of	22c DATE SIGNED	
		THE SIGNATURE	C.41	1	ATTENDING	MEDICAL STA	FF	29 HALS	
$\dashv$		Gener 1.	Jamel J.	M.D.	PHYSICIAN	DIRECTOR   PHYSIC	IAN	121 MAK	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	77e A	ADDRESS				
		George I	Smith Jr.		Tollhor	ise Avenue			
	23a. (	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETE	RY OR CREMATORY	23d LOCATION		COUNTY ST	
		Removal	3/29/82				~ ~	611	
	24 F	JNERAL DIRECTOR	ADDRESS		250 DA	TE REC'D. BY REGISTRAR	TO REGISTRA	RESTONATORE -	
	7	natomy Board	Balto.	Md.	PAT I	2 1982	V.		

Yes that -no- ables brite Projection, Benderick, Bd. The state of the s Andtony Spare | Falbo. 416.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VR A 15 (4))

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Burial 3/5/42 Rapty Mill Commission Woodsborn Frederick Life.

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Middletown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Thompson Funeral Home

(VRA 15, 4) 1/79

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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		FOR STATE REGISTRAR				RTMENT OF	FICATE O	D MENTAL HYG		REG. NO.	1	2	4 3	
	I. DE	CEASED NAME ORPRINT)	FIRST		MIDDLE	T.TTTTET T	LAST			DEATH MONTH	DAY	YEAR	2b. HOUR	
No.			Cather		resa	WIVELI				17, 1982			4:00a 4	
1)	3 SE	x Female		White		June	of BIRTH	931 YEAR	6. AGE (INYEA	RS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN	
36	Maryland  10 CITY OR TOWN OF DEATH			U. S. A	MARRIED U. S. A. WIDOWED  I. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 15105 Sixes Bridge Rd			R OTHER INSTITUTION		9. BALTIMORE CITY OR COUNTY OF DEATH  Frederick County  120. USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWILE				
mest pe	USU 130 S	AL RESIDENCE (# STATE Lryland	0	other institution, give residence before admission ty 13c. City or town 13d inside city limits? Prick Emmitsburg yes \( \sigma \omega \)				№ 🔀	15.05 Sixes Bridge Rd.					
00		Walter		MIDDLE .	Shorb		Car	ER'S MAIDEN NA/ FIRST  PUN	me R	MIDDLE	But			
medical		VAS DECEASED E YES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)	166 SOCIAL SE		Josej		vell,Sr	. 15105 S	burg	, Mo	i. 21727 .dge Rd.	
ury, ar other traumatic ev	z		ony, which immediate tating the ause last.	(b)	ON AS A CONSECUTIVE AS A CONSECUTIVE AS A CONSECUTIVE TO THE PROPERTY OF THE P	DUENCE OF	T NOT RELA	TED TO THE TERM	IN AL DISE ASE	OR CONDITION (	GIVEN IN I	PART 1(c	0)	
nws any in	CERTIFICATION	19a. DATE OF OP	ERATION	196 COND	ITION FOR WHI	CH OPERATI	ON WAS PER	RFORMED	200. AUTO	INCER			NGS USED OF DEATH?	
18 pp		210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DE	.,,,	OF INJURY .M. MONTH	DAY YEAR	3	V INJURY OCCURE		URE OF INJURY IN ITEM 1		PART 2]		
orked or I	MEDICAL	21d INJURY OCC	OT WHILE		OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCA		5	CITY OR TOWN	COU	YTM	STATE	
21 is mo		220. I certify that saw the de- abave (1) w		atal) attended the 3/13		-,	and that in (	my)(our) opinion	death accurred	on the date and h	2 19		that (1) (e) as couses stated	
LT: If Hen		226. SIGNATURE	may	Till	lowing	nts 1	DEGREE		MEDICAL DIRECTOR	STAFF  PHYSICIAN			signed h 17,82	
IMPORTANT: IF		George George			ar, M. I	).	S.		e. Emmi	tsburg.	Md. 2	2172	7	
≤	230.	BURIAL, CREMATI SPECIFY) Buria			19,82		CEMETERY	OR CREMATORY	23d, LOCA					

250. DATE REC'D

24 FUNERAL DIRECTOR
NAME
Skiles Funeral Home, Emmitsburg, Md. 21727

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed

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	1,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 7 2 4 4									
	Ι,	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.					
		ECEASED NAME FIRST	MIDDLE	MICH	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR				
		He 1	en Rebecca	WO	LFE	March 1	5, 1982	11 P./				
1	1 S	EX			OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDER 1 YEAR					
1		Female	White	Aug	. 27, 1891	90	YRS.	3 HOURS MIN,				
20	70.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRI	ED NEVER MARRIED	9. BALTIMORE CITY						
25	1	Maryland	U.S.A.	WIDOW		Frederick County,						
70		Frederick	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Nursing Center			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker Home						
割り	130	JAL RESIDENCE (IF NURSING HOME O STATE Maryland   13b. COU Free	ROTHER INSTITUTION GIVE RESIDENCE BE NTY   13c CITY OR TO Berick   Freder	FORE ADMISSION	13d. INSIDE CITY LIMITS?	303 West	Fifth Street	t				
and a	14.1	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME						
01		G. El	mer Breng1	Brengle Virginia MIDDLE				e y				
l legicol	16a	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES		17 INFORMANT	ADDR		Fifth St.				
	-	NO NO	one 212-74	-9677	Miss H. Eliza	abeth Wolfe	· Frederick	Md. 217				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b),	ond ice			BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH				
			TE CAUSE (o)	1/14	munch							
notic		4140	DUE TO, OR AS A CONSE	OUENCE OF	11 1	1 XE:	1					
room		Conditions, if any, which gave rise to immediate	(b)		Mystere 1	least Freis	luce					
-		couse (o), stating the	DUE TO, OR AS A CONSE	DUENCE OF	2000							
d a l		underlying cause last	(c)		17377							
Jony.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	1(a)				
- Kuo	¥	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	DINGS USED				
S	CERTIFICATION					YES NON	IN CERTIFYING CAUSE	ES OF DEATH?				
S C	1	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE							
9		OR CONTRIBUTING CAUSE OF DE										
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19	211 LOCATION							
	A	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFI	CE, FARM ETC ]	STREET	CITY OR TO	OMN CONNIA	STATE				
			ital) attended the deceased fra	m /	1-4 10 C	10 Mar	15 10 5-1	, that (I) (we) last				
		saw the deceased alive an	Inlevel 5 15	Ann de	nd that in (my) (our) opinion							
	10	above, (1) (we) (did) (did no	ot) view the body ofter death.		DEGREE			TE SIGNED				
		DEGREE ATTENDING MEDICAL STAFF						19 do				
		22d. PHYSICIAN'S NAME (TYPE O	- me		PHYSICIAN [	DIRECTOR   PHYSI	CIAN	1100				
	-		E. Stone, M.D.			d Street,	Frederick, N	ld. 21701				
	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 2	NAME OF	EMETERY OR CREMATORY	23d LOCATION						
	1	Burial /	Mar 18 1982	Mt. 01	ivet Cemeterv	Frederick	, Frederick	Md.				
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15		11-	STATE REGISTRAR						IFICATE C		TILL THE	3. NO.	tivas 1	9
-			E ASED NAME	FIRST		MIDDLE		LAST		20	OF ESTI-			2b. HOUR
	ELES SAS	2 023		Harol		Linwoo		You			DEATH MATE	3	24 19 82	M
	N STR	3. SEX	ale '	Black	5. DATE OF BIRTH	1940	LAST BIRTHDAY)	MONTHS DA	YR, IF UNDER		RONOUNCED DEAD	3	24 19 82	2d HOUR
	NA NA	To. BI	RTHPLACE (STA		76. CITIZEN OF W			AARRIED T	NEVER MARR	IED IX	BALTIMORE CI			<u> </u>
	DE LE	1	REIGN COUNTRY)		USA		W	DOWED [	DIVOR	ED 🗆	Frederi			MD.
	BLAY B TO THE P PAGE BE FILED DS, 201	Ad	damstov	wn	TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  JE HOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Doubs Rd. & Railroad Tracks  NONE						OR INDUST	ISINESS RY		
21201	SECOND SE	130 S			erick	ick Adamstown   13d. INSIDE (ITY LIMITS?   130 STREET ADDRESS   1848 Pleasant				sant	View Rd.			
MD.	THELL	14. F/	THER'S NAME		MIDDLE	LAS			OTHER'S MAID		MIDDLE		LAST	
ORE	OK WEST		ewis	A:	rthur	You	ing S	r. 17 IN	Ardel:	la	Virgi	nia	XXXXX,	Lee
BALTIMORE, MD.	RS AFTER DE MITH FORM PAGES I A DIVISION OF	(Y	NO, OR UNKNOW	(IF YES, GIVE V	WAR OR DATES)		0-210			Stat	e Poli	ce Ba	derick	
	DURS 18. G MT. P. E. DIV		18. CAUSE OF PARTIDEA	DEATH (Enter anl	y ane cause per lin	e far (a), (b), a	nd (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
ONO	24 HOU ITEM 18 LONG V PERMIT GIENE, 1		815		E CAUSE (a)	Multig R AS A CONSE	OUENCE OF	uries						
PRESTON ST.	AL HY REMC	1		s, if any, which	(b)									
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DIVISION OF VITAL RECORDS, 201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24- EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITH PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURBLAL-FRANSIT PR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	CERTIFICATION	190. DATE OF	OPERATION	19b. COND	ITION FOR WH	ICH OPERATI	ON WAS PE	RFORMED?				20 AUTOPSY YES X	? NO 🗆
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-	XAM ERTIF LD BE DIREC WITH		death resulted	o fram: Nature	al cooses .	Accident A	⊿, Svicid	TI	Hamicide		mined manner	,		
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